

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
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27						
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29						
30	1					
31		1				
32		1				
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34						
35						
36	1					
37		1				
38	1					
39		1				
40		1				
41	1					
42		1				
43		1				
44	1					
45		1				
46		1				
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51	1					
52	1					
53	1					
54	1					
55	1					
56	1	1				
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95						
96						
97						
98						
99						
100						
TOTAL IND.	14					
TOTAL DEP.	11					
TOTAL CLAIMS	25					